



## **The All-Payer Claims Database**

**Version 1.0**

**Documentation Guide**

**Provider File**

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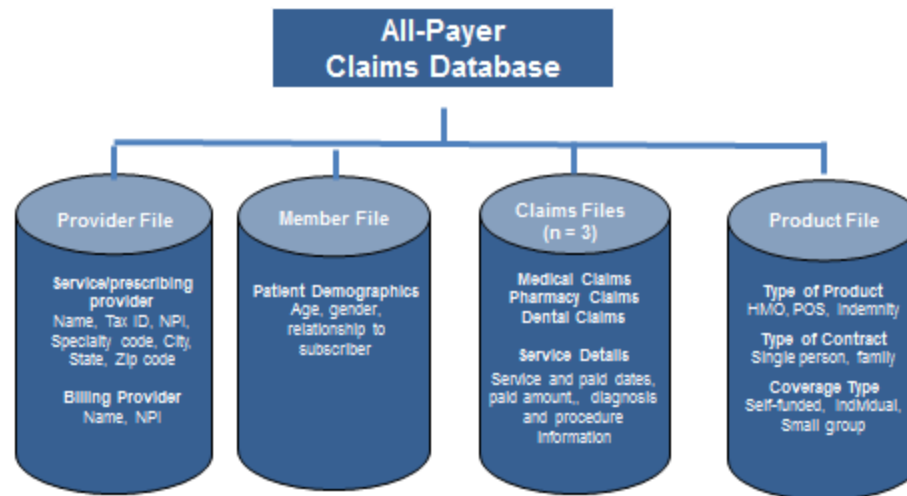
Version 1.0

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## APCD Files and Selected Data Elements



For ease of use, the Center for Health Information and Analysis (CHIA) has created separate documents for **each** APCD file type and two for the appendices—for a total of eight separate documents. All are available on the CHIA website.

# INTRODUCTION

The Center for Health Information and Analysis (CHIA) was created to be the hub for high quality data and analysis for the systematic improvement of health care access and delivery in Massachusetts. Acting as the repository of health care data in Massachusetts, CHIA works to provide meaningful analysis for those seeking to improve health care quality, affordability, access, and outcomes.

To this end, the **All-Payer Claims Database (APCD)** affords a deeper understanding of the Massachusetts health care delivery system by providing access to accurate and detailed claims-level data essential to improving quality, reducing costs, and promoting transparency. This document is provided as a manual to accompany the release of data from the APCD.

The **APCD** is comprised of **medical, pharmacy, and dental claims**, and information from the **member eligibility, provider, and product** files, that is collected from health insurance payers operating in the Commonwealth of Massachusetts. This information encompasses public and private payers as well as insured and self-insured plans.

**APCD data collection and data release** are governed by **regulations** which are available on the APCD website (see <http://www.mass.gov/chia/gov/laws-regs/chia-regulations.html>).

## APCD DATA COLLECTION

### History

#### Establishment of the Massachusetts APCD

The first efforts to collect claim-level detail from payers in Massachusetts began in 2006 when the Massachusetts Health Care Quality and Cost Council (HCQCC) was established, pursuant to legislation in 2006, to monitor the Commonwealth's health care system and disseminate cost and quality information to consumers. Initially, data was collected by a third party under contract to the HCQCC. On July 1, 2009, the Division of Health Care Finance and Policy (DHCFP) assumed responsibility for receiving secure file transmissions, creating, maintaining and applying edit criteria, storing the edited data, and creating analytical public use files for the HCQCC. By July 2010, Regulations 114.5 CMR 21.00 and 114.5 CMR 21.00 became effective, establishing the APCD in Massachusetts.

Chapter 224 of the Acts of 2012, "An Act Improving the Quality of Health Care and Reducing Costs Through Increased Transparency, Efficiency and Innovation," created the Center for Health Information and Analysis (CHIA) which assumed many of the functions – including management of the APCD – that were previously performed by the Division of Health Care Finance and Policy (DHCFP).

According to Chapter 224, the purpose of the Massachusetts APCD is **Administrative Simplification**:

"The center shall collect, store and maintain such data in a payer and provider claims database. The center shall acquire, retain and oversee all information technology, infrastructure, hardware, components, servers and employees necessary to carry out this section. All other agencies, authorities, councils, boards and commissions of the commonwealth seeking health care data that is collected under this section shall, whenever feasible, utilize the data before requesting data directly from health care providers and payers. In order to ensure patient data confidentiality, the center shall not contract or transfer the operation of the database or its functions to a third-party entity, nonprofit organization or governmental entity; provided, however, that the center may enter into interagency services agreements for transfer and use of the data."

A Preliminary Release of the APCD – covering dates of service CY 2008-10 and paid through February 28, 2011 – was released in 2012. Release 1.0 covers dates of service CY 2009-11 and paid through February 2013.

## APCD Data Collection Process

The data collected from the payers for the APCD is processed by the **Data Compliance and Support** team. Data Compliance works with the payers to collect the data on a regular, predetermined, basis and ensure that the data is as complete and accurate as possible. The **Data Quality Assurance** and **Data Standardization and Enhancement** teams work to clean and standardize the data to the fullest extent possible. Data Standardization relies on **external source codes**<sup>1</sup> from outside government agencies, medical and dental associations, and other vendors to ensure that the data collectors properly utilized codes and lookup tables to make data uniform.

### Edits

When payers submit their data to CHIA for the APCD, an **Edits process** is run on each file to check that the data complies with requirements for the file and for each data element in the file.

The automated edits perform an important data quality check on incoming submissions from payers. They identify whether or not the information is in the expected format (i.e. alpha vs. numeric), contains invalid characters (i.e. negative values, decimals, future dates) or is missing values (i.e. nulls). If these edits detect any issues with a file, they are identified on a report that is sent to the payer.

Data elements are grouped into four categories (A, B, C, and Z) which indicate their relative analytic value to the Center and APCD users. Refer to the **File Layout** sections of each document to view the Edit Level for each Data Element:

- ‘A’ level fields must meet their **APCD threshold percentage** in order for a file to pass. There is an allowance for up to a 2% variance within the error margin percentage (depending on the data element). If any ‘A’ level field falls below this percentage it will result in a failed file submission for the payer and a discussion with their liaison regarding corrective action.
- The other categories (**B, C, and Z**) are also **monitored**, but the thresholds are not presently enforced.

### Variances

The **Variance process** is a collaborative effort between the payer and CHIA to reach a mutually agreed upon **threshold percentage** for any data element which may not meet the APCD standard. Payers are allowed to request a lower threshold for specific fields, but they must provide a business reason (rationale) and, in some cases, a remediation plan for those elements. CHIA staff carefully reviews each request and follows up with a discussion with the payers about how to improve data quality and possibly suggest alternative threshold rates or possibly “ramping up” overtime to the threshold. CHIA’s goal is to work with payers to improve the quality of the APCD overtime.

Once this process is complete, the variance template is loaded into production so that any submissions from the payer are held to the CHIA standard thresholds and any approved variances. The payer receives a report after each submission is processed which compares their data against the required threshold percentages. ‘Failed’ files are reviewed by the Center liaisons and discussed with the payer for corrective action.<sup>2</sup>

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<sup>1</sup> For information on External Source Codes, refer to **Appendix 10** in the Appendices Release Document.

<sup>2</sup> For information on overall variance requests made by the payers and accepted by CHIA, see **Appendix 7**.

## Broad Caveats

Researchers using the APCD Release 1.0 data should be aware of the following:

- Release files include data submitted to the Center through **February 2013**. Data submitted to the Center after February 2013 is **NOT** included in the files.
- Due to the variance process, data quality may vary from one payer to another. Consult Appendix 7 for more information.
- Claim Files submitted **through June 2010** were accepted with **relaxed edits**. (Refer to the edits section of this document.)
  - The release files contain the data submitted to the Center including valid and invalid values. Please refer to the “Data Dictionary” pages in the CHIA website for details concerning the frequency of invalid codes for key data elements.
- Certain data elements were cleaned when necessary. Detail on the cleaning logic applied is described at the end of each file layout.
- Certain data elements were redacted to protect against disclosure of sensitive information.<sup>3</sup>
- Some Release Data was manipulated for compliance with HIPAA:
  - Assignment of linkage IDs to replace reported linkage identifiers (see **Appendix 4**).
  - Member Birth Year is reported as 999 for all records where the member age was reported as older than 89 years on the date of service.
  - Member Birth Year is reported as Null for all records where the member was reported as older than 115 years on the date of service.

## APCD Release 1.0 Overview

The **APCD** is comprised of data elements collected from **all Private and Public Payers**<sup>4</sup> of eligible **Health Care Claims** for Massachusetts Residents.<sup>5</sup> Data is collected in six file types: **Product (PR)**, **Member Eligibility (ME)**, **Medical Claims (MC)**, **Dental Claims (DC)**, **Pharmacy Claims (PC)**, and **Provider (PV)**. Each is described separately in this user manual.

Highlights of the release include:

- Data is available for dates of service from January 1, 2009 to December 31, 2011 as paid through February 28, 2013.
- Data elements are classified as either Level 2 or Level 3 data elements. Level 2 include data elements that pose a risk of re-identification of an individual patient. Level 3 data elements are generally either Direct Personal information, such as name, social security number, and date of birth, that uniquely identifies an individual or are among the 18 identifiers specified by HIPAA. Refer to the **File Layout** sections for listings of Level 2 and Level 3 data elements for each file.<sup>6</sup>
- Certain identifying or sensitive data elements are **Masked** in the release in order to protect personally identifiable information and allow for the linkage of data elements within the same file.
- Some data elements have been derived by CHIA from submission data elements or have been added to the database to aid in versioning and identifying claims (e.g. Unique Record IDs and status flags). Refer to the **File Layout** sections for detail.

In addition to this User Manual, CHIA created a **Data Dictionary** for key APCD data elements which is available on the CHIA website. Users are encouraged to consult this User Manual and Data Dictionary prior to submitting an application to obtain APCD data.

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<sup>3</sup> Detail on the redaction process is available in **Appendix 3**.

<sup>4</sup> Medicare data is only available to state agencies. Medicaid data requires separate approval from the Massachusetts Executive Office of Health and Human Services.

<sup>5</sup> In certain instances out of state residents are included. Most notably enrollees in the State’s Group Insurance Commission medical programs and enrollees in plans subject to the Massachusetts risk adjustment program for the Affordable Care Act.

<sup>6</sup> Note that Level 1 (de-identified) extracts of the Medical Claims (MC) and Pharmacy Claims (PC) APCD files will be released by CHIA in the coming months.

## Changes from Preliminary Release 1 to Release 1.0

APCD Release 1.0 features substantive changes from the Preliminary Release. Most notably:

1. **The claims files (Medical, Pharmacy, and Dental) are organized based on Date of Service.**  
Previously the claims data was released based on Date of Submission.
2. **There is only one Provider File (PV) and one Product File (PR).**  
Previously, there were files for each year. Release 1.0 aggregates submissions across years.
3. **This release does not include Public Use data elements; only Restricted Use elements.**  
Data elements in this release are identified as either Level 2 or Level 3 (previously designated as No Release). De-identified extracts of the Medical Claims (MC) and Pharmacy Claims (PC) files will be released separately. In order to better comply with privacy rules and regulations, there are no longer any APCD “Public Use Files.”
4. **Medicare and Medicaid data are now available.**  
Different use criteria apply. Consult the CHIA website and the data release regulations for details.
5. **Data elements have been assigned to different to release levels. Several data elements that were previously identified as “No Release” are now considered Level 2 (“Restricted Use”).**  
Refer to the File Layout sections for details.
6. **In some instances, the logic used to clean the data may have changed**  
Refer to the Cleaning Logic section at the end of each File Layout for further details on the way the data was cleaned for each file type.
7. **Address and demographic data have been standardized across the files.**  
This standardization process increases its analytic value. Refer to the File Layout sections.

## PROVIDER FILE

As part of the All Payer Claims Database (APCD), payers are required to submit a Provider file. The Provider File (PV) is a compilation of all payer provider files—such that a unique provider record will exist for **each instance** where the provider is found on a payer submission. A provider record may also repeat within a payer for each attribute change (see Example section below).

Unlike the Preliminary Release which had one Provider File per year of submission, Release 1.0 only has one Provider File that consists of aggregated and unduplicated records across multiple years.

Below we have provided details on business rules, data definitions, and the potential uses of this data.

### Types of Data Collected in the Provider File

#### Provider Linkage

The Center has made a conscious decision to collect numerous identifiers that may be associated with a provider. Please refer to the File Layout section of this document for greater detail. The identifiers will be used to help link providers across payers in the event that the primary linking data elements are not a complete match. The existence of these extra identifying elements will improve the quality of matching algorithms.

#### Demographics

The Center collects address information on each provider entity in order to meet reporting and analysis requirements. Additional demographic data elements such as Gender and Date of Birth for the provider are collected mainly for use in linking providers across payers. These two fields can be used, when provided, to help with the quality of the matching algorithms across payers. Address and Zip Code data has been standardized to the greatest extent possible by the Center.

#### Provider Specialty

The fields Taxonomy, Provider Type Code, and Provider Specialty (1-4) are required fields and can be used to meet reporting and analysis requirements including clinical groupings and provider specific reports. Each payer submits its internal code sets (lookup tables) to the Center for these fields. Refer to the **Payer-specific Information** section of this document.

#### Dates

The Center is collecting **two sets of date fields** for each provider record:

- **The Begin and End date for each provider** describes the dates the provider is active with the payer and is eligible to provide services to members. For providers who are still active the End date should be Null.
- **The Provider Affiliation Start and Provider Affiliation End Date** describe the providers' affiliation/association with a parent entity, such as a billing entity, corporate entity, doctor's office, provider group, or integrated delivery system. Each unique instance of these start and end dates should be submitted as a separate record on this file. If a provider was active and termed in the past with the payer, and was added back as an active provider, each instance of those 'active' dates should be provided, one for each time span. Similarly, each instance of a provider affiliation, and those associated dates should be provided in a record. If a provider has always been active with a payer since 2008, but has changed affiliations once, there would be two records submitted as well, one for each affiliation and those respective dates. If a provider's affiliation is terminated, and is made active again at a later date, this would require two records as well.

#### Qualifiers

The Center collects provider information related to **healthcare reform**, **electronic medical records**, and **patient centered medical homes**. These data elements may or may not currently be captured in payer's core systems. These elements will inform more in depth analysis as this data becomes more common in the industry. The thresholds for these fields are lower in the short term to allow providers and payers more time to capture and submit this information.



#### Examples:

**1. Individual Provider practicing within one doctor's office or group and only one physical office location.**

A provider fitting this description should have 1 record per active time span. The record would contain information about the provider (Dr. Jones) and the affiliation fields would indicate that Dr. Jones practices or contracts with (ABC Medical). ABC Medical, since it is a group, would have its own separate record as well in this file. A physician assistant or nurse working in the doctor's office should also be submitted, under their own unique record.

**2. Individual Provider practicing within an office they own.**

A provider fitting this description should have 1 record per active time span for their individual information (Dr. Jones) and a second record for their practice, Dr. Jones Family Care. A physician assistant or nurse working in the doctor's office should also be submitted, under their own unique record.

**3. Individual Provider practicing within an office they own or for a practice they do not own across two physical locations.**

A provider fitting this description should have 2 records per active time span. The office, affiliation or entity that the doctor does business under (ABC Medical, Dr. Jones family medicine) would have only 1 additional record.

**4. Individual Provider practicing across two groups or different affiliations.**

A provider fitting this description should have 2 records per active time span, one for each group/entity they are affiliated with. Each group/entity would have its own separate record as well.

**5. Entity, Group or Office in one location**

An entity fitting this description should have one record per active time span. All affiliated entities, or providers that could be linked or rolled up to these entities, groups or offices, would each have their own records.

**6. Entity, Group or Office in two locations**

An entity fitting this description should have two records per active time span, one for each location. All affiliated entities, or providers that could be linked or rolled up to these entities, groups or offices, would each have their own records. If these affiliated entities and providers are associated with just one of the locations, they would have one corresponding record. If they are affiliated with each of the parent entity's locations, they should have one record for each location, similar to example 3.

**7. Billing organizations**

An entity that shows up in the claims file in the Billing Provider field should also have a corresponding provider record. Medical Billing Associates, Inc. should have one record for each location and identifier it bills under as determined by the claims file.

**8. Integrated Delivery Systems**

Organizations such as Partners Healthcare or Atrius Health should have their own record if the payer has a contract with those entities. All entities, groups or providers affiliated with the Organization should have the Provider ID of this entity in the Provider Affiliation Field. Entities meeting a description similar to an Integrated Delivery System should show up one time in the provider file.

#### The Provider ID

To link the Provider File to the claims files (MC, DC, or PC), please refer to the Linkage Section in in **Appendix 4**.

#### *Provider Release File Structure:*

Issue	Clarification
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Issue	Clarification
<b>Release File Format</b>	<p>Release files will be in an <b>asterisk-delimited text file</b>.</p> <ul style="list-style-type: none"> <li>Only the requested and approved Data Elements will be included in the release file.</li> <li>Released elements will be delimited in the same order as is found in the File Layout section of this document.</li> </ul>
<b>Rows</b>	<p>Each row represents a unique instance of a <b>provider entity</b> within a payer, and may repeat rows for <b>each</b> attribute change, such as:</p> <ul style="list-style-type: none"> <li><b>affiliation to another entity</b>, or</li> <li>a provider's <b>affiliation to a specific location</b>, or</li> <li>a provider's <b>begin and end date</b>.</li> </ul> <p>This information can be used to analyze data on providers, clinicians, hospitals, physician groups and integrated delivery systems.</p>
<b>Provider, as defined by the Center</b>	<p>A Provider is an entity or person associated with either:</p> <ol style="list-style-type: none"> <li>providing services to patients</li> <li>submitting claims for services on behalf of a servicing provider</li> <li>providing business services or contracting arrangements for a servicing provider</li> </ol> <p>A Provider may be a <b>health care practitioner, health care facility, health care group, medical product vendor, or pharmacy</b>.</p>
<b>Unique Provider Record, defined</b>	<p><b>Provider (Who)</b>, with a particular <b>affiliation (Relationship)</b>, at a particular <b>location (where)</b>, during a <b>pre-defined timeframe (when)</b>.  <b>Note:</b> Since this file is a compilation of provider records from all payers, providers will be duplicated for each associated payer.<sup>7</sup></p>

<sup>7</sup> CHIA expects to have a Master Provider Index in 2014.  
APCD Release Version 1.0 Provider File

Issue	Clarification																
<b>Types of providers included in the file</b>	<p><b>All Massachusetts contracted providers, regardless of whether they are on the claims file for the time period.</b> Additionally, provider information for <b>out of state providers, who are on the claims file for the time period of the corresponding claims submission – If available.</b> Otherwise default values are used in the Medical Claims file, as provided below.</p> <p>The codes below represent valid acceptable values <b>for provider references</b> (used in the <b>Medical Claims</b> file) <b>that do not exist in the Payer Provider database.</b></p> <table border="1" data-bbox="485 337 1549 634"> <tr> <td>HCF-99901</td><td>Unknown Out of State Physician</td></tr> <tr> <td>HCF-99902</td><td>Unknown – Out of State Facility</td></tr> <tr> <td>HCF-99903</td><td>Unknown – Out of State Professional Group</td></tr> <tr> <td>HCF-99904</td><td>Unknown – Out of State Retail Site</td></tr> <tr> <td>HCF-99905</td><td>Unknown – E-Site (Services provided over the Internet)</td></tr> <tr> <td>HCF-99907</td><td>Unknown – Other Provider</td></tr> <tr> <td>HCF-99908</td><td>Member Reimbursement Payment</td></tr> <tr> <td>HCF-99909</td><td>Not Applicable – Patient Home Care</td></tr> </table> <p>These values (as specified in the <b>ProviderFile Examples.xls</b> document on the APCD website) can be used in fields MC024 (Service Provider ID), MC134 (Plan Rendering Provider) and MC135 (Provider Location). In this scenario the payer would not put a corresponding record in the Provider File. This code indicates that the payer information is not available because the payer is out of state.</p> <p>In order to create a cross-payer provider file for analysis, the Center requires data on all providers in a payer's Massachusetts network. Additionally, all claims may be analyzed by provider dimensions that require provider information for corresponding out of state claims.</p>	HCF-99901	Unknown Out of State Physician	HCF-99902	Unknown – Out of State Facility	HCF-99903	Unknown – Out of State Professional Group	HCF-99904	Unknown – Out of State Retail Site	HCF-99905	Unknown – E-Site (Services provided over the Internet)	HCF-99907	Unknown – Other Provider	HCF-99908	Member Reimbursement Payment	HCF-99909	Not Applicable – Patient Home Care
HCF-99901	Unknown Out of State Physician																
HCF-99902	Unknown – Out of State Facility																
HCF-99903	Unknown – Out of State Professional Group																
HCF-99904	Unknown – Out of State Retail Site																
HCF-99905	Unknown – E-Site (Services provided over the Internet)																
HCF-99907	Unknown – Other Provider																
HCF-99908	Member Reimbursement Payment																
HCF-99909	Not Applicable – Patient Home Care																
<b>Reporting time period, and providers to be included on the file</b>	<p><b>All providers, both active and non-active.</b> Providers who have not been active since January 2008 do not need to be included; however, some payers have elected to do so.</p> <p>The Center's intention is to collect the most up to date provider data that can be used to analyze claims data. Since claims data is collected monthly, the provider file can be synced with the claims file, and can be a snapshot of how the provider file looked at the end of the period for which claims are sent.</p>																

## Provider File Layout

### Restricted Release Elements:

- Each **row** in the release file contains one record of the indicated file type. There is an **asterisk-delimited field** in each row for every data element listed in the Restricted Release sections for each file type.
- Data Elements will be delimited in the order displayed in the File Layout sections of this document.
- **Empty** or **null** data elements will have no spaces or characters between the asterisks.

### Lookup Tables:

- **Element-specific** Lookup Tables are included in this document after each File Type Layout section.
- A **Carrier-Specific Master Lookup** table is included with each data extract. Refer to the **Carrier-Specific Reference** and **Linking** sections in this document for more information.
- **External Code Sources** are listed in Appendix 10.

### ***File Layout Section Columns***

- **Element:** The code name of the element, with reference to the Regulation and the Submission files received by the Center from Payers. The first two digits refer to the File Type and the following numbers to the ordering in the Submission Files.
- **Data Element Name:** Name of the element.
- **Max Length:** Maximum Length of the data column in the APCD's SQL Server database at the Center.
- **Data Type Guide:** Data Type of the column in the APCD's SQL Server database at the Center. When the APCD Release text file is imported to a database or other file type by the final user of the data, these data types provide a guide to setting up the columns in the receiving file.
- **Description:** Description of the element.
- **Release Notes:** Additional information about the element in the release.
- **Edit Level:** Level of enforcement of the data element's requirements by the Center on Payer Submissions. Refer to the **Edits** section of this document.
- **APCD Threshold:** The expected percentage of validity for instances of the element in each submission file by the Payer.

### ***Release Text File Column Titles***

- **Appendix 11: Release File Column Names** included in this document lists the column name for each data element in the Level 2 and Level 3 release files. The text files exported from the APCD SQL Database include these SQL column names in the first row.

## The APCD Provider File

<i>Provider File – Level 2 Data Elements</i>							
Element	Data Element Name	Max Length	Data Type Guide	Description	Release Notes	Edit Level <sup>8</sup>	APCD Threshold <sup>9</sup>
Derived - PV1	County of Provider	3	varchar	County of Provider—derived by CHIA	County of Provider—derived by CHIA		
Derived - PV2	County of Provider Mailing Address	3	varchar	County of Provider Mailing Address—derived by CHIA	County of Provider Mailing Address—derived by CHIA		
Derived - PV3	Release ID	NULL	int	Unique record ID derived specifically for this release file type	With each release file type table this number is reset to 1 and sequentially incremented by one for every record released		
PV001	Payer	8	varchar	Carrier Specific Submitter Code as defined by APCD. This must match the Submitter Code reported in HD002	A CHIA-assigned identifier for any APCD Data Submitter; Insurance, Benefit Manager/Administrator, TPA, Vendor	A0	100
PV002	Linking Plan Provider ID		int	Carrier Unique Provider Code	The unique number for every service provider (persons, facilities or other entities involved in claims transactions) that a carrier has in its system. This field is used to help uniquely identify a provider and that provider's affiliation and practice location within this file.		
PV006	License Id	25	varchar	State practice license for the Provider in PV002	This is the unique State Licensing Boards' ID of the provider reported in this segment. This can be any of the applicable IDs; Registry in Medicine, Nursing, Dentistry, etc.	B	98
PV007	Medicaid Id	25	varchar	Medicaid assigned number for the Provider in PV002	This is the unique State Medicaid ID of the provider reported in this segment.		
PV008	Last Name	256	varbinary	Last name of the Provider in PV002	Last name of the Provider when Provider ID code = 1 (Person).	A0	98
PV009	First Name	256	varbinary	First name of the Provider in PV002	First name of the Provider when Provider ID Code = 1 (Person).	A2	98

<sup>8</sup> See pg. 5 for a discussion on Edit Levels.

<sup>9</sup> See pg. 5 for a discussion on APCD Thresholds.

**Provider File – Level 2 Data Elements**

Element	Data Element Name	Max Length	Data Type Guide	Description	Release Notes	Edit Level <sup>8</sup>	APCD Threshold <sup>9</sup>
PV010	Middle Initial	1	varchar	Middle initial of the Provider in PV002	Middle initial of the Provider when Provider ID Code = 1 (Person).	C	1
PV011	Suffix	2	varchar	Suffix of the Provider in PV002	The generational title of the Provider when the Provider ID Code = 1 (Person).	Z	1
PV012	Entity Name	100	varchar	Group / Facility name	Name of the Provider as an Entity. Providers as Persons are reported in Last, First and Middle Initial Name segments.	A1	98
PV013	Entity Code	10	varchar	Provider facility code (Lookup Table)	Numeric indicator that reports the type of facility the carrier or its designee has on file for the provider. When the provider is an individual, 31 (Other) should be reported here.	A0	98
PV014	Gender Code	1	varchar	Gender of Provider (Lookup Table)	A code that defines the Provider's gender when the Provider is identified as an individual in ProviderID Code (1 = Individual)	B	20
PV015	Provider DOB (Year Only)	4	int	Provider's date of birth - Year only	Year of the Birth date of the Provider when the Provider is identified as an individual in ProviderID Code (1 = Individual)	B	20
PV016	Street Address1 Name	256	varbinary	Street address of the Provider	Street address of the Provider Practice Site.	A1	98
PV017	Street Address2 Name	256	varbinary	Secondary Street Address of the Provider	Street address 2 of the Provider Practice Site.	A0	2
PV018	City Name	256	varbinary	City of the Provider	City of the Provider Practice Site.	A1	98
PV019	State Code	2	varchar	State of the Provider (External Code Source 2)	State of the Provider Practice Site.	A0	98
PV020	Country Code	30	varchar	Country Code of the Provider (External Code Source 1 (ISO 3166-1, alpha-3))	Country of the Provider Practice Site. Data requirement is a 3 digit code	C	98
PV021	Zip Code	256	varbinary	Zip code of the Provider (External Code Source 3)	Zip Code of the Provider Practice Site.	A0	98

**Provider File – Level 2 Data Elements**

Element	Data Element Name	Max Length	Data Type Guide	Description	Release Notes	Edit Level <sup>8</sup>	APCD Threshold <sup>9</sup>
PV022	Taxonomy	10	varchar	Primary Taxonomy Code of the Provider (External Code Source 13 - AND/OR - Carrier Defined Reference Table)	A standardized taxonomy code OR a carrier-defined specialty code of the Servicing Provider.	C	50
PV023	Mailing Street Address1 Name	256	varbinary	Street address of the Provider / Entity	Street address of the Provider - Mailing.	A0	98
PV024	Mailing Street Address2 Name	256	varbinary	Secondary Street address of the Provider / Entity	Street address 2 of the Provider - Mailing.	B	2
PV025	Mailing City Name	256	varbinary	City name of the Provider / Entity	City of the Provider - Mailing.	A0	98
PV026	Mailing State Code	2	varchar	State name of the Provider / Entity (External Code Source 2)	State of the Provider - Mailing.	A0	98
PV027	Mailing Country Code	30	varchar	Country Code of the Provider (External Code Source 1 (ISO 3166-1, alpha-3))	Country of the Provider - Mailing. Data requirement is a 3 digit code.	C	98
PV028	Mailing Zip Code	256	varbinary	Zip code of the Provider (External Code Source 3)	Zip Code of the Provider - Mailing.	A0	98
PV029	Provider Type Code	10	varchar	Provider Type Code (Carrier Defined Reference Table)	The Provider Type code associated with the individual provider or facility as defined by the submitting carrier or its designee. This element distinguishes individuals from facilities, etc.	A1	98
PV030	Primary Specialty Code (Standard Values/Carrier-Specific Custom Values)	15	varchar	Specialty Code (External Code Source 13 - AND/OR - Carrier Defined Reference Table)	The primary standardized taxonomy code OR a carrier-defined specialty code of the Provider.	B	98
PV034	ProviderIDCode	5	varchar	Provider Identification Code (Lookup Table)	Numeric code that reports the type of entity associated with the Plan Provider ID	A0	100
PV036	Medicare Id	30	varchar	Provider's Medicare Number	This is the unique Medicare ID of the provider reported in this segment. This can be any of the Medicare IDs; UPIN, OSCAR	B	90



**Provider File – Level 2 Data Elements**

Element	Data Element Name	Max Length	Data Type Guide	Description	Release Notes	Edit Level <sup>8</sup>	APCD Threshold <sup>9</sup>
PV037	Begin Date	8	datetime	Provider Start Date	The Date the provider or facility becomes eligible/contracted to perform services for plan Members/insureds. Providers who do not render services should have this field blank. (YYYY-MM-DD 00:00:00.000)	A2	98
PV038	End Date	8	datetime	Provider End Date	The Date the provider or facility is no longer eligible/contracted to perform services for plan Members/insureds. Providers who do not render services should have this field blank. (YYYY-MM-DD 00:00:00.000)	B	98
PV039	National Provider ID	25	varchar	National Provider Identification (NPI) of the National Provider (External Code Source 4)	The primary National Provider ID (NPI) of the Provider.	B	98
PV040	National Provider2 ID	25	varchar	National Provider Identification (NPI) of the Provider (External Code Source 4)	The secondary National Provider ID (NPI) of the Provider.	C	1
PV042	Secondary Specialty2 Code (Standard Values/Carrier-Specific Custom Values)	15	varchar	Specialty Code (External Code Source 13 - AND/OR - Carrier Defined Reference Table)	A secondary standardized taxonomy code OR a carrier-defined specialty code of the Provider.	B	1
PV043	Secondary Specialty3 Code (Standard Values/Carrier-Specific Custom Values)	15	varchar	Specialty Code (External Code Source 13 - AND/OR - Carrier Defined Reference Table)	A tertiary standardized taxonomy code OR a carrier-defined specialty code of the Provider.	B	0
PV044	Secondary Specialty4 Code (Standard Values/Carrier-Specific Custom Values)	15	varchar	Specialty Code (External Code Source 13 - AND/OR - Carrier Defined Reference Table)	A quaternary standardized taxonomy code OR a carrier-defined specialty code of the Provider.	B	0
PV045	P4PFlag	1	varchar	Pay-for-Performance (P4P) indicator (Lookup Table)	Numeric indicator that reports if the provider has a Pay-for-Performance agreement with the carrier, or its designee, for the time-period on this provider segment.	B	100
PV046	NonClaimsFlag	1	varchar	Non-claims Financial Transaction Indicator (Lookup Table)	Numeric indicator that reports if the provider received non-claims based payments during the time-period of this provider segment.	B	100

**Provider File – Level 2 Data Elements**

Element	Data Element Name	Max Length	Data Type Guide	Description	Release Notes	Edit Level <sup>8</sup>	APCD Threshold <sup>9</sup>
PV047	Uses Electronic Medical Records	1	varchar	Provider Uses EMR indicator (Lookup Table)	Numeric indicator that reports if the provider utilized electronic medical records during the time-period reported on this provider segment.	B	100
PV048	EMR Vendor	40	varchar	Electronic Medical Record Vendor name	Name of the vendor the Provider uses for Electronic Medical Records processing.	B	98
PV049	Accepting New Patients	1	varchar	Indicates if provider or provider group is accepting new patients as it applies to this carrier's products/plans. (Lookup Table)	Numeric indicator that reports if the provider is accepting new Patients/cases during the time-period reported on this provider segment.	B	100
PV050	Offers e-Visits	1	varchar	Indicates if the provider uses eVisit tools (web based software) for well visits. (Lookup Table)	Numeric indicator that reports if the provider offers e-Visits.	C	100
PV052	Has multiple offices	1	varchar	Indicates if the provider has multiple office locations where it sees patients. (Lookup Table)	Flag indicating if the provider has more than one practice site	A0	100
PV054	Medical/Healthcare Home ID	15	varchar	Medical Home Identification Number	The carrier assigned ID number of the Patient-centered medical home the provider is linked to	B	0
PV055	PCP Flag	1	varchar	Indicates if the provider is a PCP. For Facilities or entities where this is not applicable, value of N (No) is allowed. (Lookup Table)	Numeric indicator that reports if the provider (persons only) is a Primary Care Provider during the time-period of this provider segment.	A0	100
PV056	Provider Affiliation	30	varchar	Provider Affiliation Code	The Provider ID for any affiliation the provider has with another entity or parent company. Link to PV002 on the Provider File to obtain detailed attributes of the Affiliated Provider. If the provider is associated only with self, record the same value here as PV002.	B	99
PV057	Provider Telephone	10	varchar	Telephone number associated with the provider identified in PV002.	Telephone number of the individual reported in Last Name or the entity reported in Entity Name.	C	10

**Provider File – Level 2 Data Elements**

Element	Data Element Name	Max Length	Data Type Guide	Description	Release Notes	Edit Level <sup>8</sup>	APCD Threshold <sup>9</sup>
PV058	Delegated Provider Record Flag	1	varchar	Provider Record Source Indicator (Lookup Table)	Numeric indicator that reports if the provider record was sourced from a delegated provider system.	B	100
PV060	Office Type	1	varchar	Office Type Code (Lookup Table)	Numeric indicator that reports the type of office the provider is associated with in this provider segment.	A0	95
PV061	Prescribing Provider	1	varchar	Prescribing privilege indicator (Lookup Table)	Numeric indicator that reports if the provider has prescribing privileges during the time-period on this provider segment.	C	100
PV062	Provider Affiliation Start Date	8	datetime	Provider Affiliation Start Date	Start Date of the Provider's affiliation to the entity reported in Provider Affiliation; a link to another PV002 on the Provider File to obtain detailed attributes of the affiliated entity. If no affiliation exists, carriers are to repeat the date reported in Begin Date. (YYYY-MM-DD 00:00:00.000)	A0	98
PV063	Provider Affiliation End Date	8	datetime	Provider Affiliation End Date	End date of the Provider's affiliation to the entity reported in Provider Affiliation; a link to another PV002 on the Provider File to obtain detailed attributes of the affiliated entity. If no affiliation exists, carriers are to repeat the date reported in End Date. (YYYY-MM-DD 00:00:00.000)	B	98
PV064	PPO Indicator	1	varchar	Indicates if the provider is a contracted provider (Lookup Table)	Numeric indicator that reports if the provider is a Preferred Provider Organization during the time-period reported on this provider segment.	A0	100

**Provider File – Level 3 Data Elements**

Element	Data Element Name	Max Length	Data Type Guide	Description	Release Notes	Edit Level	APCD Threshold
Derived - PV3	Release ID	NULL	int	Unique record ID derived specifically for this release file type	With each release file type table this number is reset to 1 and sequentially incremented by one for every record released		

**Provider File – Level 3 Data Elements**

Element	Data Element Name	Max Length	Data Type Guide	Description	Release Notes	Edit Level	APCD Threshold
PV002	Plan Provider ID	30	varchar	Carrier Unique Provider Code	The unique number for every service provider (persons, facilities or other entities involved in claims transactions) that a carrier has in its system. This field may or may not be the provider NPI. This field is used to help uniquely identify a provider and that provider's affiliation and practice location within this file.	A0	100
PV003	Tax Id	256	varbinary	The Federal Tax ID associated with the provider identified in PV002.	Tax ID of the Provider regardless of Entity (Qualifier) Code.	A2	98
PV004	UPIN Id - GIC Only	12	varchar	Unique Physician Identification Number (UPIN)	Unique Physician ID as defined by Centers Medicare & Medicaid Services (CMS)	B	98
PV005	DEA ID	10	varchar	Primary DEA number for the provider identified in PV002.	The DEA for this provider.	B	98
PV015	Provider DOB Date	256	varbinary	Provider's date of birth	Birth date of the Provider when the Provider is identified as an individual in ProviderID Code (1 = Individual)	B	20
PV035	SSN Id	256	varbinary	Provider's Social Security Number	Tax ID of the Provider when ProviderIDCode = 1 (Person).	A1	98
PV041	GIC Provider Link ID		int	GIC Provider Link ID for GIC Carriers only	GIC Provider Link ID for GIC Carriers only	B	0

**Provider File Lookup Tables, by Element**

Element	Data Element Name	Max Length	Data Type Guide	Description	Release Notes	Edit Level	APCD Threshold	Level 2/3
PV013	Entity Code	10	varchar	Provider facility code (Lookup Table)	Numeric indicator that reports the type of facility the carrier or its designee has on file for the provider. When the provider is an individual, 31 (Other) should be reported here.	A0	98%	2
				<b>Entity Type</b>	<b>Type</b>			

***Provider File Lookup Tables, by Element***

Element	Data Element Name	Max Length	Data Type Guide	Description	Release Notes	Edit Level	APCD Threshold	Level 2/3
				01	Academic Institution			
				02	Adult Foster Care			
				03	Ambulance Services			
				04	Hospital Based Clinic			
				05	Stand-Alone, Walk-In/Urgent Care Clinic			
				06	Other Clinic			
				07	Community Health Center – General			
				08	Community Health Center – Urgent Care			
				09	Government Agency			
				10	Health Care Corporation			
				11	Home Health Agency			
				12	Acute Hospital			
				13	Chronic Hospital			
				14	Rehabilitation Hospital			
				15	Psychiatric Hospital			
				16	DPH Hospital			
				17	State Hospital			
				18	Veterans Hospital			
				19	DMH Hospital			
				20	Sub-Acute Hospital			
				21	Licensed Hospital Satellite Emergency Facility			
				22	Hospital Emergency Center			
				23	Nursing Home			
				24	Freestanding Ambulatory Surgery Center			

**Provider File Lookup Tables, by Element**

Element	Data Element Name	Max Length	Data Type Guide	Description	Release Notes	Edit Level	APCD Threshold	Level 2/3
				25	Hospital Licensed Ambulatory Surgery Center			
				26	Non-Health Corporations			
				27	School Based Health Center			
				28	Rest Home			
				29	Licensed Hospital Satellite Facility			
				30	Hospital Licensed Health Center			
				31	Other			
PV014	Gender Code	1	varchar	Gender of Provider (Lookup Table)	A code that defines the Provider's gender when the Provider is identified as an individual in ProviderID Code (1 = Individual)	B	20%	2
				<b>Gender Code</b>	<b>Gender</b>			
				F	Female			
				M	Male			
				O	Other			
				U	Unknown			
PV034	Provider ID Code	5	varchar	Provider Identification Code (Lookup Table)	Numeric code that reports the type of entity associated with the Plan Provider ID	A0	100%	2
				<b>Entity Qualifier Code</b>	<b>Entity Qualifier</b>			
				1	Person; physician, clinician, orthodontist, and any individual that is licensed/certified to perform health care services.			
				2	Facility; hospital, health center, long term care, rehabilitation and any building that is licensed to transact health care services.			
				3	Professional Group; collection of licensed/certified health care professionals that are practicing health care services under the same entity name and Federal Tax Identification Number.			

**Provider File Lookup Tables, by Element**

Element	Data Element Name	Max Length	Data Type Guide	Description	Release Notes	Edit Level	APCD Threshold	Level 2/3
				4	Retail Site; brick-and-mortar licensed/certified place of transaction that is not solely a health care entity, i.e., pharmacies, independent laboratories, vision services.			
				5	E-Site; internet-based order/logistic system of health care services, typically in the form of durable medical equipment, pharmacy or vision services. Address assigned should be the address of the company delivering services or order fulfillment.			
				6	Financial Parent; financial governing body that does not perform health care services itself but directs and finances health care service entities, usually through a Board of Directors.			
				7	Transportation; any form of transport that conveys a patient to/from a healthcare provider.			
				0	Other; any type of entity not otherwise defined that performs health care services.			
PV045	P4Pflag	1	varchar	Pay-for-Performance (P4P) indicator (Lookup Table)	Numeric indicator that reports if the provider has a Pay-for-Performance agreement with the carrier, or its designee, for the time-period on this provider segment.	B	100%	2
				<b>Value</b>	<b>Description</b>			
				1	Yes			
				2	No			
				3	Unknown			
				4	Other			
				5	Not Applicable			
PV046	NonClaimsFlag	1	varchar	Non-claims Financial Transaction Indicator (Lookup Table)	Numeric indicator that reports if the provider received non-claims based payments during the time-period of this provider segment.	B	100%	2

**Provider File Lookup Tables, by Element**

Element	Data Element Name	Max Length	Data Type Guide	Description	Release Notes	Edit Level	APCD Threshold	Level 2/3
				<b>Value</b>	<b>Description</b>			
				1	Yes			
				2	No			
				3	Unknown			
				4	Other			
				5	Not Applicable			
PV047	Uses Electronic Medical Records	1	varchar	Provider Uses EMR indicator (Lookup Table)	Numeric indicator that reports if the provider utilized electronic medical records during the time-period reported on this provider segment.	B	100%	2
				<b>Value</b>	<b>Description</b>			
				1	Yes			
				2	No			
				3	Unknown			
				4	Other			
				5	Not Applicable			
PV049	Accepting New Patients	1	varchar	Indicates if provider or provider group is accepting new patients as it applies to this carrier's products/plans. (Lookup Table)	Numeric indicator that reports if the provider is accepting new Patients/cases during the time-period reported on this provider segment.	B	100%	2
				<b>Value</b>	<b>Description</b>			
				1	Yes			
				2	No			
				3	Unknown			
				4	Other			
				5	Not Applicable			



**Provider File Lookup Tables, by Element**

Element	Data Element Name	Max Length	Data Type Guide	Description	Release Notes	Edit Level	APCD Threshold	Level 2/3
PV050	Offers e-Visits	1	varchar	Indicates if the provider uses eVisit tools (web based software) for well visits. (Lookup Table)	Numeric indicator that reports if the provider offers e-Visits.	C	100%	2
				<b>Value</b>	<b>Description</b>			
				1	Yes			
				2	No			
				3	Unknown			
				4	Other			
				5	Not Applicable			
PV052	Has multiple offices	1	varchar	Indicates if the provider has multiple office locations where it sees patients (Lookup Table)	Flag indicating if the provider has more than one practice site	A0	100%	2
				<b>Value</b>	<b>Description</b>			
				1	Yes			
				2	No			
				3	Unknown			
				4	Other			
				5	Not Applicable			
PV055	PCP Flag	1	varchar	Indicates if the provider is a PCP. For Facilities or entities where this is not applicable, value of N (No) is allowed. (Lookup Table)	Numeric indicator that reports if the provider (persons only) is a Primary Care Provider during the time-period of this provider segment.	A0	100%	2
				<b>Value</b>	<b>Description</b>			
				1	Yes			
				2	No			

**Provider File Lookup Tables, by Element**

Element	Data Element Name	Max Length	Data Type Guide	Description	Release Notes	Edit Level	APCD Threshold	Level 2/3
				3	Unknown			
				4	Other			
				5	Not Applicable			
PV058	Delegated Provider Record Flag	1	varchar	Provider Record Source Indicator (Lookup Table)	Numeric indicator that reports if the provider record was sourced from a delegated provider system.	B	100%	2
				<b>Value</b>	<b>Description</b>			
				1	Yes			
				2	No			
				3	Unknown			
				4	Other			
				5	Not Applicable			
PV060	Office Type	1	varchar	Office Type Code (Lookup Table)	Numeric indicator that reports the type of office the provider is associated with in this provider segment.	A0	95%	2
				<b>Office Type Code</b>	<b>Office Type</b>			
				1	Facility			
				2	Doctors office			
				3	Clinic			
				4	Walk in Clinic			
				5	Laboratory			
				0	Other			

**Provider File Lookup Tables, by Element**

Element	Data Element Name	Max Length	Data Type Guide	Description	Release Notes	Edit Level	APCD Threshold	Level 2/3
PV061	Prescribing Provider	1	varchar	Prescribing privilege indicator (Lookup Table)	Numeric indicator that reports if the provider has prescribing privileges during the time-period on this provider segment.	C	100%	2
				<b>Value</b>	<b>Description</b>			
				1	Yes			
				2	No			
				3	Unknown			
				4	Other			
				5	Not Applicable			
PV064	PPO Indicator	1	varchar	Indicates if the provider is a contracted provider (Lookup Table)	Numeric indicator that reports if the provider is a Preferred Provider Organization during the time-period reported on this provider segment.	A0	100%	2
				<b>Value</b>	<b>Description</b>			
				1	Yes			
				2	No			
				3	Unknown			
				4	Other			
				5	Not Applicable			

Provider File: External Code Sources

Refer to Appendix 10: External Code Sources

## Provider File Cleaning, Standardization, and Redaction

<i>APCD Provider File Cleaning Logic, by Element</i>				
Element	Data Element Name	Format/Length	Description	Cleaning Logic
PV010	Middle Initial	char[1]	Middle initial of the Provider in PV002	Nullify non-alpha values.
PV013	Entity Code	char[2]	Provider entity code	Zero pad single digit values of 1-9 and remove leading zero from three-digit integer values. The correct format is a two-digit integer.
PV014	Gender Code	char[1]	Gender of Provider identified in PV002	Change 'm' to 'M', 'f' to 'F', 'o' to 'O', 'u' to 'U'.  Nullify invalid values based on lookup table
PV034	ProviderIDCode	int[1]	Provider Identification Code	Change values of '00000' to '0'.
PV039	National Provider ID	int[10]	National Provider Identification (NPI) of the Provider	Nullify values not equal to ten-digit integer.
PV040	National Provider 2 ID	int[10]	National Provider Identification (NPI) of the Provider	Nullify values not equal to ten-digit integer.
PV049	Accepting New Patients	int[1]	Indicator - New Patients Accepted	Change: 'Y' to '1', 'N' to '2'.
PV052	Has multiple offices	int[1]	Indicator - Multiple Office Provider	Change: 'Y' to '1', 'N' to '2'.
PV055	PCP Flag	Int[1]	Indicator – Provider is a PCP	Change 'N' to '2'.
PV058	Delegated Provider Record Flag	int[1]	Indicator - Delegated Record	Change: 'Y' to '1', 'N' to '2'.

***APCD Provider File Cleaning Logic, by Element***

Element	Data Element Name	Format/Length	Description	Cleaning Logic
PV060	Office Type	int[1]	Office Type Code	Change 'O' to '0'.

***APCD Provider File Standardization, by Element using Melissa Data<sup>10</sup>***

Element	Data Element Name	Format/Length	Description
Derived by CHIA	County of Provider	[3]	
Derived by CHIA	County of Provider Mailing Address	[3]	
PV016	Street Address1 Name	varchar[50]	Street address of the Provider
PV017	Street Address2 Name	varchar[50]	Street Address 2 of the Provider
PV018	City Name	varchar[35]	City of the Provider
PV019	State Code	char[2]	State of the Provider
PV021	Zip Code	varchar[9]	Zip code of the Provider
PV023	Mailing Street Address1 Name	varchar[50]	Street address of the Provider / Entity
PV024	Mailing Street Address2 Name	varchar[50]	Secondary Street address of the Provider / Entity
PV025	Mailing City Name	varchar[35]	City name of the Provider / Entity
PV026	Mailing State Code	char[2]	State name of the Provider / Entity
PV028	Mailing Zip Code	varchar[9]	Zip code of the Provider
PV057	Provider Telephone	varchar[10]	Telephone number associated with the provider identified in PV002

***APCD Provider File SSN Redaction, by Element***

Element	Data Element Name	Format/Length	Description
PV006	License Id	varchar[25]	State practice license ID
PV007	Medicaid Id	varchar[25]	MassHealth-assigned Provider ID
PV008	Last Name	varchar[50]	Last name of the Provider in PV002

<sup>10</sup> Please refer to **Appendix 3** for details on the Melissa standardization process, the redaction process, and the reidentification process.

PV012	Entity Name	varchar[100]	Group / Facility name
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***APCD Provider File Reidentification, by Element***

Element	Data Element Name	Format/Length	Description
Derived by CHIA	Linking Plan Provider ID	[30]	
PV002	Plan Provider ID	varchar[30]	Carrier Unique Provider Code
PV054	Medical/Healthcare Home ID_Linkage_ID	varchar[15]	Medical Home Identification Number
PV056	Provider Affiliation_Linkage_ID	varchar[30]	Provider Affiliation Code